

DOWNERS GROVE GRADE SCHOOL DISTRICT #58
Downers Grove, Illinois

APPLICATION FOR WAIVER OF FEES

DATE: _____

In order to excuse a student from paying required fees, it is necessary that we have a statement from the parent(s) or guardian giving the reason for this request. This application can be submitted to your child's school Principal and then will be forwarded to the District Office for the Director of Business Services approval.

Please submit the following information for each student in your household attending any District 58 School:

STUDENT'S NAME	GRADE	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REASON FOR REQUEST

I, the undersigned parent/guardian of the above named students(s) hereby request that the School Board of School District 58 waive the above-mentioned school fee pursuant to Illinois Revised Statutes, ch. 105. para. 5/10-20.13.

I further state in support of this waiver request, that one of the following statements is true and accurate (please check at least one box):

_____ The above-named student(s) are currently receiving aid under Article IV of the Illinois Public Aid Code "Temporary Assistance for Needy Families" (TANF) or SNAP and I am enclosing evidence of participation in TANF or SNAP. LINK cards are not accepted as proof of receiving aid.

SNAP/TANF # _____

Qualifying numbers must be 10-13 digits in the following format: xx-xxx-xx-xxx(xxx).

_____ The above-named student(s) are currently eligible for Free or Reduced Price Meals pursuant to Section 1758 of the federal Richard B Russell National School Lunch Act (42 U.S.C. 1758: 7 C.F.R. 245 et seq.

_____ While none of the above two statements is true and accurate, there are other reasons why I am unable to afford the school fee assessed to the above-named student (**describe in detail below**). Please attach other documentation, which will support your explanation such as a copy of your Unemployment Benefits Application, or paystubs.

Number of Household Members _____

Household Income \$_____ (please circle) weekly, monthly, yearly

Signature of Parent or Guardian

Please waive following fees: # of Students x Amt. of Fee. = Total

Instructional Materials Fee _____ x \$202.00 \$ _____
(1st – 8th grade)

Instructional Materials Fee _____ x \$123.00 \$ _____
(Pre-K & Kindergarten)

Milk Fee (1st-6 Grade) _____ x \$29.00 \$ _____

Transportation Fee _____ x \$35.00 \$ _____

Recorder Kit (4th Grade) _____ x \$11.40 \$ _____

Recorder Only (4th Grade) _____ x \$4.55 \$ _____

Outdoor Education _____ x \$184.00 \$ _____
(6th grade only)

Novel (7th & 8th Grade) _____ x \$10.00 \$ _____

Optional Kindergarten Enrichment
& Enhancement Program _____ x \$2,550.00 \$ _____
(Free lunch application must accompany fee waiver in order to be
considered. Applications will be available online after July 1st.)

Total Amount of Waiver Request: \$ _____

Signature of Principal

This request (is / is not) approved for the school year 2019 - 2020.

Signature of Manager of Business Services